

# **Acta Sana**

„Mens sana in corpore sano”

Az egészségügyi és a szociális ellátás elmélete és gyakorlata

A Szegedi Tudományegyetem Egészségtudományi és Szociális Képzési Kar  
Tudományos Lapja

2014.  
IX. évfolyam 2. szám



**Az egészségügyi és a szociális ellátás elmélete és gyakorlata  
A Szegedi Tudományegyetem Egészségtudományi és  
Szociális Képzési Kar Tudományos Lapja**

**2014.  
IX. évfolyam 2. szám**

**TARTALOMJEGYZÉK**

<b>Esély vagy kényszer?</b>	<b>5</b>
<b>Az aktív korú nem foglalkoztatottak jogosultságainak változásai a teljes jogú társadalmi tagság perspektívájából</b>	
<b>Vida Anikó</b>	
<b>Framing the Concept of Patient/Client Conducting</b>	<b>18</b>
<b>Kornelia Helembai PhD</b>	
<b>„Tehát itt közösség kell...”</b>	<b>27</b>
<b>Aranyos Helga</b>	
<b>Szociális képzés fejlesztése – kihívások időszakában</b>	<b>29</b>
<b>Dr. Budai István PhD</b>	
<b>„Életrehívás” - avagy a szegedi hajléktalanok visszatalálási lehetőségei</b>	<b>31</b>
<b>Joó Magdolna</b>	
<b>A szükséges, a lehetséges és a lehetetlen elsajátítása...</b>	<b>33</b>
<b>Szociális munkás képzés Szegeden</b>	
<b>Kormányos Klaudia</b>	
<b>A Magyar Máltai Szeretetszolgálat szerepe a szegedi hajléktalan ellátásban</b>	<b>36</b>
<b>Gulyás Nikoletta</b>	
<b>Folt a hálón? Szociális munka a pszichiátriai ellátórendszerben</b>	<b>41</b>
<b>Vas Ágnes, Bánfi László</b>	

**The Theory and Practice of the Health and Social Service  
Scientific Journal of University of Szeged  
Faculty of Health Sciences and Social Studies**

**2014.  
Vol. 9. No. 2.**

**CONTENTS**

<b>Esély vagy kényszer?</b>	<b>5</b>
<b>Az aktív korú nem foglalkoztatottak jogosultságainak változásai a teljes jogú társadalmi tagság perspektívájából</b>	
<b>Vida Anikó</b>	
<b>Framing the Concept of Patient/Client Conducting</b>	<b>18</b>
<b>Kornelia Helembai PhD</b>	
<b>„Tehát itt közösség kell...”</b>	<b>27</b>
<b>Aranyos Helga</b>	
<b>Szociális képzés fejlesztése – kihívások időszakában</b>	<b>29</b>
<b>Dr. Budai István PhD</b>	
<b>„Életrehívás” - avagy a szegedi hajléktalanok visszatalálási lehetőségei</b>	<b>31</b>
<b>Joó Magdolna</b>	
<b>A szükséges, a lehetséges és a lehetetlen elsajátítása...</b>	<b>33</b>
<b>Szociális munkás képzés Szegeden</b>	
<b>Kormányos Klaudia</b>	
<b>A Magyar Máltai Szeretetszolgálat szerepe a szegedi hajléktalan ellátásban</b>	<b>36</b>
<b>Gulyás Nikoletta</b>	
<b>Folt a hálón? Szociális munka a pszichiátriai ellátórendszerben</b>	<b>41</b>
<b>Vas Ágnes, Bánfi László</b>	

## Framing the Concept of Patient/Client Conducting

**Kornelia Helembai PhD**

University of Szeged, Faculty of Health Sciences and Social Studies

Department of Nursing

e-mail: helembai@etszk.u-szeged.hu

---

**Key words:** nursing, care, helping relationship, patient conducting, paramedical counselling

**Aim:** The purpose of this study is to highlight and present the professional need for patient conducting responding to the concept of nursing today defined by The International Council of Nurses, 2010.

**Method and sample:** In order to explore the roots and main characteristics of the patient conducting the method of concept analyses was used based on qualitative literature review of the most known and accepted theories in the field of nursing and other (counselling, social work) professions requiring therapeutic relationship.

**Results:** show definite and mutual equivalences among the values, principles and elements of the assessed helping profession. The evaluation of the core components of the helping professions evidences the importance of the patient conducting process which “creates the conditions whereby all patients may preserve their human dignity and identity, and their right of self-determination and all other rights may remain unimpaired”.

**Conclusion:** Nursing care has to be based on the assumption that the patient is in the best position to resolve his own problems. In this sense next to the excellent technical skills nurses have to be familiarized in the knowledge of patient conducting at a high quality level to fulfil the requirements of the professional competence.

**Recommendation:** nurse educators’ need to continually develop and introduce new goals, content, and teaching methods to meet the health care needs of people they serve, with special regard to the patient conducting.

---

### Introduction

Nursing is a core component of the health care system and the education has an essential role in building the future of nursing. The aim of this study is a contribution to the improvement of quality nursing care by highlighting the inherent features of patient conducting required from the professional nursing.

„Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles” (The International Council of Nurses, 2010).<sup>5</sup>

The expectations concerning the nursing profession are rather high and critical. When the requirements expected from the nurse seem to show great differences then this leads to the braking off of the relationships. That is why the understanding

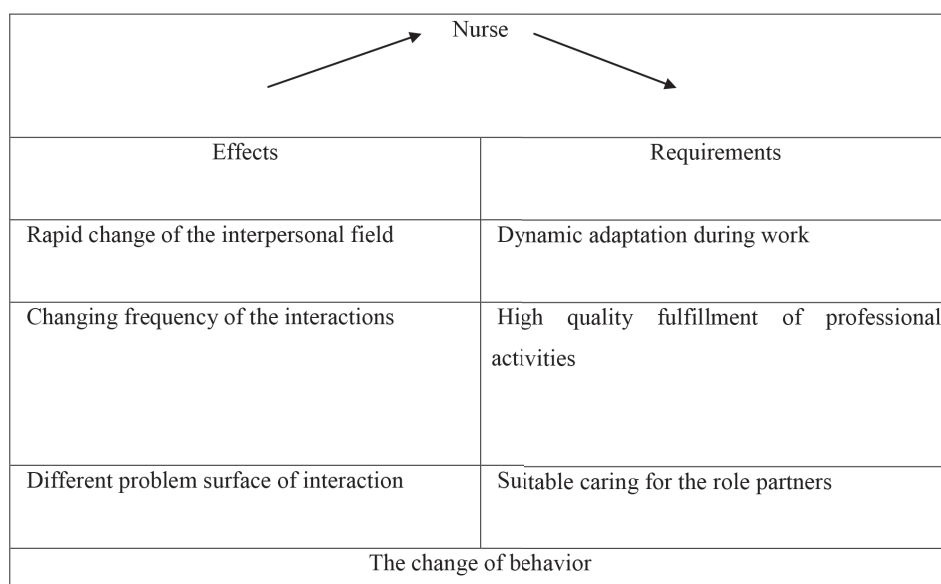
the essence of nursing today and the innovative formation of the professional behaviour are very important.

The professional competence is developed through the process of socialization and through interaction between the nurse and his environment. The effects and requirements to which the nurse is exposed in this interaction are very complex.

The relational system in the nursing process is basically regulated by the rights and duties belonging to the vocational roles. Thus the role partners expect certain behaviour patterns in advance as practically they anticipate the behaviour of the other persons.

The expectations obviously must correspond with each other, that the normative feature is consequently manifested. It is generally true that during the course of professional activity the duties and the rights are in reciprocal interaction: the right of patient means the duty of the nurse and vice versa.

During the interactions both the nurse and the patient present the already developed and normatively regulated roles according to their individual interpretations. Therefore the result is



**Figure 1: Manifestation of Professional Competence**

influenced by the behaviour of the role partners. However it is always desirable that from the part of the professional has to be manifested in an adequate way.<sup>4</sup>

As well known the human beings are “error prone”. The scientific discipline of human factors - next to the environmental, organizational and job factors - deals with the human and individual characteristics, which influence behaviour at work in a way that potentially gives rise to human error. A significant component of human error is deriving from the human cognitive processes in a great measure, as because one does not have sufficient knowledge and/or attitude to undertake an action correctly.<sup>7</sup>

### Need for patient conducting in nursing theories

The need for patient conducting is not a new idea in fact it can be well followed during the whole development process of the nursing theories from the beginnings.

Florence Nightingale, often considered as the first nurse theorist, about hundred years ago put the accent on the environment of the patient to assist him in his recovery. She linked up the health with the five environmental factors (pure or fresh air, pure water, efficient drainage, cleanliness and direct sunlight) and the same time set the stage for further work in the development of nursing theories.

Hall (1955) put the highlight on the patient’s needs, feelings and motivation which inspire the whole nursing process. Once the motivations are defined, then the patient is the best person to set goals and arrange priorities. The nurse seeks to increase

patient awareness and to support decision making based on the patient’s new level of awareness.<sup>3</sup>

Abdellah’s (1960) interpretation of the client’s needs can be viewed as problems and the quality of nursing care requires that nurses be able to identify and solve overt and covert nursing problems. The problem-solving approach includes the assumption that the correct identification of nursing problems influences the nurse’s judgement in selecting the next step in solving the client’s nursing problem.<sup>3</sup>

In Orlando’s theory (1961) the nursing situation is initiated by a patient’s verbal or non verbal behaviour. Both verbal and non verbal behaviours are useful throughout in validation of the precise nature of the patient needs and of the effectiveness and appropriateness of nursing actions to meet these needs. Ineffective behaviour may lead to problems in the nurse-patient relationship. Although behaviours that seem uncooperative or provoke negative feelings in the nurse, recognition that they express the distress of patient can help to control these feelings. Thus routines of care must be reduced to an absolute minimum, allowing room for the individuality of patients’ needs.<sup>3</sup>

Henderson (1966) accents that all people have common needs, but no two patients are exactly alike, so each nurse must interpret human needs as these have meaning to the individual patient. The nurse must identify the need and supply measures that are applicable to that individual.

“The modification of care is the creative element which makes nursing an art. The basic technique or elements of art can be described but an artistic achievement demands that the artist manipulate these elements in unique arrangement. Just so each

patient's plan of care should be different from any other."<sup>3</sup> (pp.58.)

Orem (1971) lifts up the feature of self-care as a positive action that has both a practical and a therapeutic approach. Self-care may be therapeutic to the extent that contributes e.g. to the achievement of adjustment the ways of meeting universal self-care requirements, to the establishment of new techniques of self-care and, to the modifying of the self-image, and the routine of the daily life.<sup>3</sup>

Pepleau's (1974) concept also transmits an essential and basic view in which the nursing is an interpersonal process, and both the patient and nurse have an equally important part in the therapeutic interaction. A therapeutic relationship must be maintained by conveying an acceptance, concern, and trust. The nurse must encourage the patient to recognise and explore feelings, thoughts, emotions, and behaviours by providing a non judgmental atmosphere and therapeutic emotional climate.<sup>3</sup>

Parse's (1995) human becoming theory emphasises how individuals choose and bear responsibility for patterns of personal health, where the patient, not the nurse has the definitive role and he is the decision maker.<sup>8</sup>

Not continuing the analysis of the several classical and newest theories it can be said that most of them contain the elements and features of the client-centred therapy and counselling.

### Values of patient/client conducting

Nursing is a helping profession the focus of which stands on the human being. The helping relationship can be defined in general as "the medium which is offered to people in trouble through which they are given the opportunity to make choices both about taking help and the use they will make of it".<sup>6</sup> (pp.47). The qualities of the relationship are: mutuality; reality; feeling; knowledge, concern for the other person; purpose; it takes place in the here and now; offers something new; and is non judgmental. These values are valid also for nursing where the central value is the human dignity and each person is respected as a unique individual and supported by the nursing care.<sup>7</sup>

There are five criteria to fulfil in patient conducting to set up appropriate atmosphere for sending messages of the respect for dignity and uniqueness of the individual.

(1.) Sensitivity and awareness regarding client dignity during the whole organization and care giving process.

People built and incorporate their self-image from the messages they receive from other people about themselves. People who feel good about themselves, see themselves as person of worth, and have a sense of their own strength and capability, tend to be more satisfied and have the power and ability to deal constructively and appropriately with their environment.

(2) Avoiding stereotyping clients.

Classification refers to the need to generalize beyond individuals and to organize phenomena on the basis of common characteristics during the process of knowledge building. Classifying people in the daily life is a very harmful. In this case the person does not have too much options to choose from: maybe "he becomes a category, is processed as a category, plays the assigned role or 'stays behind bars'"<sup>12</sup> (pp. 15-19).

(3) Assisting clients in discovering and making use of their strength.

In several cases the clients/patients are handled by the helpers as reactive organisms having continuing problems, weaknesses and limited potentialities. In general the clients strive to present themselves as pro-active autonomous human beings who have the ability to enhance their functioning and competence through the use of the helping relationship. The reactions are different when the focus is on the person's strengths rather the weaknesses.<sup>9</sup> (pp.401)

(4) Expecting client participation in problem solving.

Participation in decision making, planning, and action on one's own behalf is essential to the maintenance of human dignity. "The most destructive thing in therapy is a "rescue-fantasy" in the therapist".<sup>2</sup> (p.6.). When such a virtual restriction and conviction is communicated to patients, verbally or otherwise, the patient has to miss his right for the possible autonomy. In this case one simply has no choice other than to rebel and leave or became even more helpless, dependent, and sick.

(5) Want and need, these two concepts have also essential meaning from the view of the patient conducting. Focusing on clients' wants is more useful than focusing on clients' needs.<sup>10</sup> The concept of want is defined by the patient himself according to his personal values and preferences. Although the concept of need is close to it in a sense, need is defined by the nurse instead of the patient. This distinction is particularly important because the



most motivating personal factor is if the patient communicates his/her wants and wishes to the problem solving.

### **Elements of patient conducting process**

The health care service declares the patient's right to the respect of his/her dignity - including right to the decision making about the acceptance of the help and treatments. During the nursing process the nurse works closely with the patient or patient groups to individualize care and built a relationship of mutual regard and trust: instead of "for" the nurses "work together" with the patients. Thus nursing has to be based on the assumption that the patient is in the best position to resolve his own problems. The collaborative nursing care has to be featured by the following inherent central elements of the conductive process:

Concern for other involves the sense of responsibility, care, respect, knowledge of other human beings and the wish to further their lives. „To be truly concerned means that we are willing to be an agent of a process rather than the creator it.”<sup>6</sup> (pp. 47.)

Commitment and obligation: in the conductive relationship both the patient and nurse must be bound by commitments and obligation if they want to achieve the purposes of the relationship.

Acceptance and expectation: based on the nurse's nonjudgmental attitude she/he has to be able to express the acceptance of the patient without any condition. In this setting the nurse has to be able also to differentiate between accepting the person and accepting the person's actions, because acceptance doesn't mean automatically an always agreement with the patient.

Authority and power: authority can be defined as a power delegated to the professional by clients/patients. A person in need of help seeks someone who has the authority of knowledge and skill to be of help. People under stress may need more assistance till having their self awareness again in the wished measure. The aim and way of using authority and power in nursing are the conduction of the patient autonomy at any circumstances.

Genuineness and congruence: professionals who are real and genuine, and congruent in helping relationship are ones who know themselves and are unafraid of what they see in themselves or what they are.

Rational and irrational elements: people often find feelings and thoughts rising inside them that may be quite contrary to what they want to feel

and think. The realization of the irrational elements together the empathy enhances the capacity of nurses to understand and accept the expression of clients.<sup>10</sup>

Nursing offers therapeutic relationship to patients/clients and it must be maintained by conveying an acceptance, concern, and trust. The nurse must encourage the patient to recognise and explore feelings, thoughts, emotions, and behaviours by providing a non judgmental atmosphere and therapeutic emotional climate. It can be said that nursing care contains the elements and features of the client-centred therapy and counselling.<sup>11</sup>

The main aim behind the client-centred approach is to enable the client to be able to identify and sort out his/her own problems. Thus, in client-centred counselling, the counsellor is not an expert in other people's problem, but someone who enables or facilitates the problem-solving capacity of the other person.<sup>11</sup>

The essential of the client-centred approach includes these features:

A person in need has come for help. In order to be helped they need to know that the helper have understood how they think and feel. They also need to know that, whatever the counsellor's own feelings about who or what they are, or about what they have or have not done, the therapist accept them as they are - he accept their right to decide their own lives for themselves. In the light of this knowledge about the helper's acceptance and understanding of them they will begin to open themselves to the possibility of change and development. But they feel that their association with you is conditional upon them changing, they may feel pressurised and reject the help.<sup>1</sup>

Levels of types of counselling: in nursing care the focus is on the present and it is directed to the problem solving of the given nursing situation by:

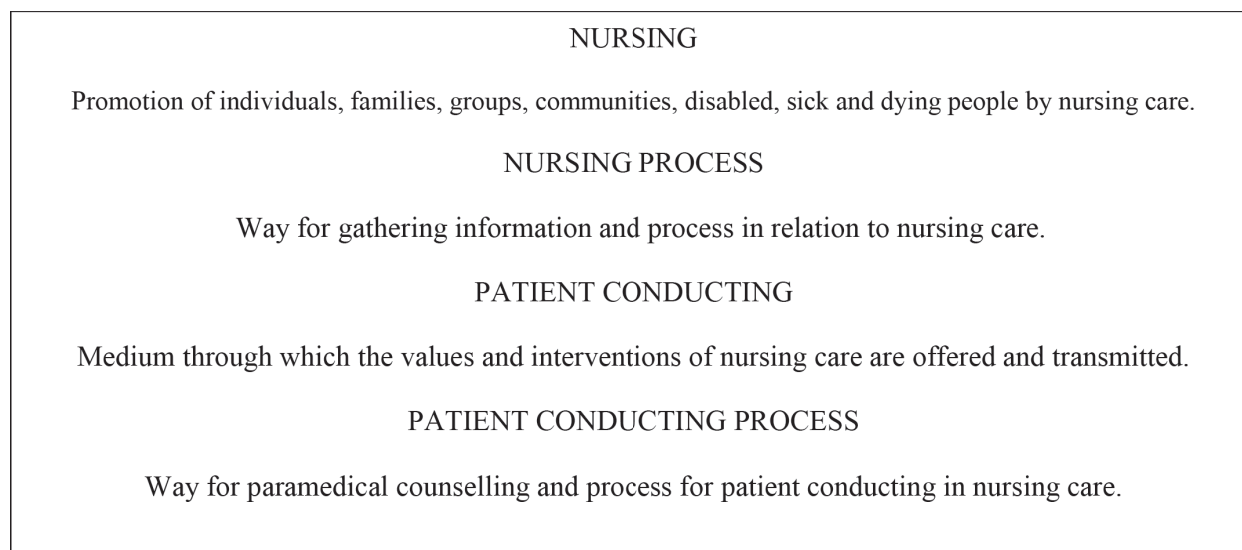
Advising: giving advice and information for individual or group helping them with orientation.

Guidance: giving information, advice and helping individuals or groups with elaboration of information by therapeutic discussion to help them with decision making.

Paramedical counselling: giving information, advice, helping individuals or groups with elaboration of information by therapeutic discussion to help people in need with decision making, facilitating individuals and groups for concentration and for using their own potentials and strength.

The patient conducting and its process together "create the conditions whereby all patients may





**Figure 2: Conceptual Frame of Nursing Care**

preserve their human dignity and identity, and their right of self-determination and all other rights may remain unimpaired” according to the Act CLIV of 1997 on Health.

### Conclusion

The nurse, medical and other therapists have to establish a permissive relationship in which the clients feel free to discuss their problems and to obtain insight in them. In this approach the collaborative caring process in nursing can be interpreted as a conductive relationship during which the nurse cause or produce an atmosphere that is providing to the nursing process - with help of which the patient will be able to manage his internal power to get the possible best health status and quality of life for himself. In this sense next

to the excellent technical skills nurses have to be familiarized in the knowledge of patient conducting at a high quality level to fulfil the requirements of the professional competence.

### Recommendation

Therefore, nurse educators’ need to continually develop and introduce new goals, content, and teaching methods to meet the health care needs of people they serve. Furthermore there is also an ultimate goal for bridging the gaps among the quality improvement, patient safety and continuing education, as the lack of this integration can be problematic given the finite resources available and the potential value of approaching health care challenges from different perspectives.

### References

1. Burnard, P. & Morisson, P. (1991): Caring and Communicating. The Interpersonal Relationship in Nursing. The McMillan Press Ltd, Houndmills, Basingstoke, Hampshire and London, p. 84-89.
2. Dumont, M. (1968): The Absurd Healer. New York: Viking Press, 1979, p.6.
3. George J.B. ed. (1980): Nursing Theories. The Base for Professional Nursing Practice. Prentice-Hall, INC., Englewood Cliffs, New Jersey. pp.45, 60-61; 93-96; 109-110; 127-128, 132; 80)
4. Helembai, K. (1995): Career Identification and Nursing Behavior 5<sup>th</sup> Biennal (Open) Conference of the Workgroup of European Nurse Researchers Sept. 5-7, Budapest. II, pp.163-168.
5. ICN (2010): Definition of nursing. <http://www.icn.ch/definition.htm>.
6. Keith-Lucas, A. (1972): The Giving and Taking Help. Chapel Hill: University of North Carolina Press, 1972. p.47; pp.47-65.
7. Kitto, S., Goldman, J. Etchells, E., Silver, I., Peller, J., Sargeant, J., Reeves, S. (2015): Quality Improvement, Patient Safety, and Continuing Education: A Qualitative Study of the Current Boundaries and Opportunities for Collaboration Between

These Domains. Academic Medicine.90:00–00.First published online. doi: 10.1097/ACM.0000000000000596

8. Kozier, B – Erb, G.- Berman, A. at.al (2012): Fundamentals of Nursing. Concept, Process and Practice. 872 pp. Pearson Education Ltd., Harlow,UK. ISBN:978-0-273-73908-1
9. Maluccio, A. N (1979): Learning from Clients. New York: Free Press, 1979, p.401.
10. Reid, W.J. (1978): The Task-Centred System. New York: Columbia University Press, pp.25-29.
11. Rogers, C. (1984): Encounter Groups. Workshop for Transcultural Communication. Hungarian Psychological Association, Szeged, 1984. pp.221-229.
12. Toch, H. (1970): The Care and Feeding of Typologies and Labels. Federal Probation, September 1970, 34. pp.15-19.

---

### A betegvezetés fogalmi kereteinek meghatározása

---

**Kulcsszavak:** ápolás, gondozás, segítő kapcsolat, betegvezetés, paramedikális tanácsadás

**Cél:** A tanulmány célkitűzése az Ápolók Nemzetközi Tanácsa által (2010) megfogalmazott korszerű ápolási definícióra adott válaszként.rávilágítani és bemutatni a betegvezetés iránti szakmai szükséglet fontosságát.

**Módszer és minta:** Az ápolás-gondozás teoretikus gyökereit és fő jellemzőit a terápiás kapcsolatot igénylő foglalkozási területek (tanácsadás, szociális munka stb.) legismertebb és leginkább elfogadott elméleteinek és foglmainak kvalitatív elemzésével tártuk fel.

**Eredmények:** A felmért segítő foglalkozások körében határozott és kölcsönös azonosság mutatható ki az alapelvek, az értékek és a jellemzőik megfelelésében. A segítő szakmák meghatározó összetevői bizonyítják a betegvezetés folyamatának fontosságát, amelynek célja “megteremteni annak a feltételét, hogy minden ember megőrizhesse emberi méltóságát, önazonosságát, önrendelkezési és minden joga csorbitatlan maradjon”.

Következtetés: Az ápolásnak azon az alapfeltevésen kell alapulnia, miszerint a beteg rendelkezik a legjobb pozícióval ahhoz, hogy a saját problémáját megoldja. Ebben az értelmezésben az ápolóknak a kiváló technikai készségek mellett magas minőségi szintű betegvezetési ismeretekkel is rendelkezniük kell a szakmai kompetencia által elvárt követelmények teljesítéséhez.

Javaslat: Az emberek egészségügyi gondozás iránti szükségleteinek kielégítéséhez az ápolás oktatóinak folyamatosan törekedniük kell az új célok, tartalmak, oktatási módszerek bevezetésére és fejlesztésére, különös tekintettel a betegvezetés területére.

---